FORM APPROVED OMB NO. 0920-0009

| State | | PUBLIC HEALTH: | IND HUMAN SERVICES SERVICE | | 1-2) MS |
|--|---------------------------|---------------------|--------------------------------------|-------------------|---|
| State Case No. | CENTERS FO Division of | | | | 3-9) CDC CASE NO. |
| ordine case No. | MALAR | Atlanta, Geórgia 3 | EILLANCE REPORT | | |
| Patient's Name (10-15) LAST | | | | | |
| Tana (10-15) LASI | (16) | first | (17) middle | (2 | 8-19) Age O) Race/Ethnicity |
| Present Address (incl. zip code): | | | | 2 | White, not Hispanic Black, not Hispanic |
| r lesent Address (Incl. zip code): | | | | 3 4 | Hispanic Asian or Pacific Islander |
| Permanent (home) Address: | | | | 5 | American Indian or Alaskan Native Unspecified |
| (22-27) Date of onset | | (28 - 30) Place of | onset | | I DIM 2 DI |
| of THIS attack: | | of THIS | | | |
| (31) Status at initiation Physician' of therapy: | s Name and Addres | s (incl. zip code): | <u> </u> | ospital: | |
| | | | 1 Military 2 Civilian | 4 VA 5 Oth | |
| 1 Military 2 Civilian | | er, specify | | | |
| 2 C. Villan | | | 3 PHS Admission date | 6 Non | • |
| Laboratory results: Smear p | acitiva Di | | | | |
| Species: 1 Vivax | | omear negative | No smear tak | | |
| | | ciparum | 3 Malariae | 4 [Ov | 5 Not determined |
| Name and Address of Laboratory (inc | :1. zip code): | | | | |
| | | | | | |
| (33) Has patient been out of USA in | past 4 years: 1 | Yes | No If yes, list cou | ntries and o | lates: (mo., day, yr.) |
| (34-36) Country | | | From | т | 0 (37 – 41) |
| | | | | • | |
| | | | | | |
| | | | | | - |
| Status of patient while outside USA: | | | | | |
| US Military - (42) Branch: 1 | Army 2 Nav | Air Fore | e 4 Morine 5 | Linknown | Serial No. |
| US Civilian - (43) Occupation: | | | | Jonanown | |
| | | | | | |
| Foreigner - (44) Occupation: | | | | | |
| (45) Was patient transferred to USA f | or this attack: 1 | Yes 21 | | ansfer: | |
| (46) History of previous malaria: 1 | Yes 2 No | Date(s) of previo | us illness(es): | | Hospital(s) |
| Country of acquisition: | | | | | |
| | | | | | |
| | | | | | |
| (47) Blood transfusion within past 2 | years: 1 Yes | 2 No If ye | s, date of transfusion_ | | |
| Clinical complications: | | | | | |
| Yes No | | | No | | (52-54) If fatal, date of death: |
| (48) Hemolysis 1 2 | (50) Renal fail | | | | |
| (49) Cerebral malaria 1 2 | (51) Other, spe | cifyUs | e reverse side if need | •d | - |
| (55-59) Drugs used for therapy: | | | | | |
| ,. | | | | | |
| | | | | | |
| Was malaria prophylaxis taken: | Y | | | . — | |
| | Yes No D | rugs: chloroquine | primaquine | other, | spec. |
| UN (60) Classification: 1 Imp | orted 2 Indi | uced 3 🔲 Ci | yptic 4 Introd | uced 5 | Indigenous 6 Congenital |
| (61-62) (e-a) | (63-65) (a-a) | | (66-67) (I.O.) | | (68-70) (A.D.) |
| 5 | | | | | |
| Investigator | | | | Date | |
| | | | | | |

CDC 54.1 REV. 11-83

MALARIA

Four species of Plasmodia cause human malaria. These are P. vivax, P. falciparum, P. malariae, and P. ovale. Nearly all malaria infections now reported in the United States have been acquired in foreign countries.

Clinical Aspects

The clinical signs and symptoms of maloria may vary greatly and the disease should be considered in any person with an unexplained fever who has been exposed to the infection. Chills or chilly sensation followed by fever and sweating constitute the characteristic maloria parexysm.

These may occur in one of the classical patterns, i.e., every second day in the case of P. vivax and P. falciparum, or every third day in the case of P. malariae. However, because of asynchrony in the development of the parasites in the blood, a continuous or remittent fever pattern may occur. Except for P. falciparum infections, in which complications such as cerebral malaria and blackwater fever may occur, clinical evidence provides little help in differentiating one species of malaria infection from another. It should be stressed that infections with P. falciparum may rapidly progress to a life threatening illness and should receive prompt and appropriate therapy.

Diagnostic Tests

Because of the variability in the clinical aspects of malaria, infections are considered confirmed only when Plasmodia have been demanstrated in blood smears from the patient. When no confirmatory blood smear is available but the clinical aspects of a case are consistent with melaria, it is considered to be a presumptive case of malaria.

Epidomiological Aspects

The incubation period for P. vivax is generally 12-14 days; however, protracted incubation periods of up to one year have been observed in certain temperate zone strains. The incubation period for P. falciparum everages 11 days with a range of 7-30 days. For P. malariae, the incubation period is somewhat larger, generally 18-35 days.

In an untreated case of P. vivax, relapse may occur for as long as three years after infection. P. malariae may relapse as long as 20 years after infection and cases have been described in which relapse occurred after 40 years. Untreated P. falciparum infections generally do not persist beyond one year.

| | Continuation: | |
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